

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

36797

**1. PLACE OF DEATH**

County, Dunklin  
Township, Cottarhill  
City, \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 287  
Primary Registration District No. 53107

File No. \_\_\_\_\_  
Registered No. 62  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Chandler  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lina Chandler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 - 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	
				hrs.	min.
	82	1	7	—	—

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) St. Genevieve Co.

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Dont Know

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Dont Know

14. INFORMANT J. V. Chandler  
(Address) 1168 Vance St. Memphis Tenn

15. FILED 11-9, 1929 S. Mitchell REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1929, to Nov. 8, 1929 that I last saw h. alive on Nov 8, 1929, and that death occurred, on the date stated above, at 12:05 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Wremia  
137  
132 B  
3 1/2 (duration) yrs. mos. ds. 7  
CONTRIBUTORY (SECONDARY) Prostatic Obstruction  
(Pyemia) (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_  
8 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) John Van Cleve, M. D.  
11/10, 1929 (Address) Malden Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Illmo, Mo. DATE OF BURIAL 11-10 1929

20. UNDERTAKER W. L. Craig ADDRESS Malden

35  
 WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

